Undo The Paperwork Reduction Act of 1995. TRANSMITTAL FORM (to be used for all correspondence after initial fill Total Number of Pages in This Submission	Filing Date First Named Invent Art Unit Examiner Name	01/23/2004 Or Douglas Hamrick 2875 Jason Han	TMENT OF COMMERCE
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	Petition Petition to Convert to Provisional Application Power of Attorney, Rechange of Correspond Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table Remarks	Appeal Commun of Appeals and It Appeal Notice, But an appropriate and It Appeal Notice, But an appropriate and It Appeal Notice, But appropriate and It Appeal Notice, But appropriate and It Appeal Notice, But appropriate and It Appeal Commun of Appeal Notice, But appeal Commun of App	nterferences ication to TC rief, Reply Brief)
Firm Name Douglas Hamrick Signature	URE OF APPLICANT,	Reg. No.	
I hereby certify that this correspondence is be sufficient postage as first class mail in an envithe date shown below: Signature Douglas Hamrick	ing facsimile transmitted to the elope addressed to: Commissi	e USPTO or deposited with the United States ioner for Patents, P.O. Box 1450, Alexandria,	Postal Service with VA 22313-1450 on

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to Inis collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name

PTO/SB/17 (01-06) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE MAR 0 9 2005 Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known prsuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** 10/764.595 Filing Date 01/23/2004

For FY 2006

Applicant claims small entity status.	See 37 CFR 1.27

ı	Examiner Name
4	Art Unit
ľ	Attorney Docket No

First Named Inventor

Douglas Hamrick Jason Han 2875

TOTAL AMOUNT OF PAY	MENT (\$)	300.00		Attorney Docke	No.				
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION (A	All the fees	below are due	upon fil	ing or may be	subject to	a surcharge.)		
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity									
Application Type	Fee (\$)	Fee (\$)	Fee (\$)		Fee (\$)	Fee (\$)	Fees Paid (\$)		
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300	-		
Provisional	200	100	0	0	0	0	· ———		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claim over 3 (including Reissues) 200 100									
Multiple dependent o	Extra Clain	ns Fee (\$)	Fee	Paid (\$)		360 Multiple De	180 ependent Claims		
20 or HP =	12	_ ×25		300		Fee (\$)	Fee Paid (\$)		
	Extra Clain	ns <u>Fee (\$)</u> x	_=	Paid (\$)					
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof (round up to a whole number) x Fee (\$) Fee Paid (\$)									
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)									
Other (e.g., late filin	g surcharge):							

Registration No. Telephone Signature (Attorney/Agent) Date Name (Print/Type) Douglas Hamrick

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Dated:

Douglas Hamrick

Inventor:

DOUGLAS HAMRICK

Application No.:

10/764,595

Filing Date:

01/23/2004

Art Unit:

2875

Examiner:

Mr. Jason Han

Title:

EXIT SIGN ILLUMINATED BY SELECTIVE COLOR LEDS

Mail Stop AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT

Sir:

This letter is in response to the Final Office communication dated 01/12/2006.

Please cancel original claims 1-38 and replace them with the new amended claims based on the allowable subject matter now rewritten in independent form including all of the limitations of the base claim and any intervening claims.

A check in the amount of \$300.00 for (12) additional claims is herein attached.